

**Department of Mental Health  
Abuse/Neglect Investigative Report  
Request Form**

In accordance with RSMo 630.167, I am requesting a copy of the investigation report completed by the Department of Mental Health regarding an incident involving the consumer listed below.

**Consumer Name** \_\_\_\_\_

**Date of Incident** \_\_\_\_\_

**Incident Type (please circle)**

Abuse      Neglect      Death      Other \_\_\_\_\_

According to the RSMo 630.167 only certain individuals may obtain a copy of the investigative reports from the Department of Mental Health. Please indicate your relationship with the consumer listed above.

Guardian      Parent      Other (please describe)  
\_\_\_\_\_

Send investigative report to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify the information contained on this form is accurate and the request has been made in compliance with RSMo 630.167. I understand the investigative report is not public information and distribution of such information may violate other state and federal laws dealing with confidentiality.

Please note all requests must have the requestor's name verified by a notary public.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Notary Public: \_\_\_\_\_

Send request to: Department of Mental Health – General Counsel  
P.O. Box 687  
Jefferson City, MO 65102